

## Forensic Competency Evaluation Referral

Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Case No.: \_\_\_\_\_ Best Language: \_\_\_\_\_

Apparent Country of Origin: \_\_\_\_\_ Ethnicity (if known): \_\_\_\_\_

Judge: \_\_\_\_\_ Hearing Location: \_\_\_\_\_

Place of Detention: \_\_\_\_\_

Next Scheduled Hearing Date or Requested Due Date: \_\_\_\_\_

Type of Proceeding: \_\_\_\_\_ Estimated Length of Merits Hearing: \_\_\_\_\_

Likely Forms of Relief:

<input type="checkbox"/> Asylum	<input type="checkbox"/> Adjustment of status	<input type="checkbox"/> Temporary Protected Status
<input type="checkbox"/> Withholding of removal	<input type="checkbox"/> Cancellation of removal (LPR)	<input type="checkbox"/> Waiver(s)
<input type="checkbox"/> Convention Against Torture	<input type="checkbox"/> Cancellation of removal (non-LPR)	<input type="checkbox"/> Voluntary Departure
<input type="checkbox"/> Other: _____		

Estimated Complexity of Issues (Circle one: 1 is least and 10 is most complex): 1 2 3 4 5 6 7 8 9 10

Indicia of a mental disorder (including Intellectual Disability):

<input type="checkbox"/> History of outpatient mental health treatment	<input type="checkbox"/> Poor memory	<input type="checkbox"/> Severe depression or anxiety
<input type="checkbox"/> History of psychiatric hospitalization	<input type="checkbox"/> Poor attention/concentration	<input type="checkbox"/> Poor intellectual functioning
<input type="checkbox"/> History of self-injurious behavior	<input type="checkbox"/> Confused or disorganized thinking	<input type="checkbox"/> Irrational behavior or speech in court
<input type="checkbox"/> History of suicide attempts	<input type="checkbox"/> Paranoid thinking	<input type="checkbox"/> Lack of responsiveness in court
<input type="checkbox"/> History of limited academic achievement	<input type="checkbox"/> Grandiose thinking	<input type="checkbox"/> Previous adjudications of incompetence (criminal or civil)
<input type="checkbox"/> Being treated for mental disorder at the detention center	<input type="checkbox"/> Hearing or seeing things not present (i.e., auditory or visual hallucinations)	<input type="checkbox"/> Other: _____

Other Relevant Documents or Health Information: \_\_\_\_\_

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Persons with Information about Respondent's Health (with contact information): \_\_\_\_\_

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Attachments:

<input type="checkbox"/> Notice to Appear (Form I-862) or other charging document	<input type="checkbox"/> Record of Deportable/Inadmissible Alien (Form I-213)
<input type="checkbox"/> Additional Charges of Deportability/Inadmissibility	<input type="checkbox"/> Other: _____